

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>PRIME MEDIA PARTNERS, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 30 / 2016	
Mailing Address 4201 WILSON BLVD. #110-126		Amount 12452.00	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : SE24.856
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 30 / 2016	
Name of Federal Candidate KATHLEEN MCGINTY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 5652115.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>I360</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 30 / 2016	
Mailing Address PO BOX 37046		Amount 475370.00	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.844
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2016	
Name of Federal Candidate KATHLEEN MCGINTY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 5652115.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	487822.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

 MM / DD / YYYY  
 08 / 30 / 2016

Signature